



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 10:54 am, May 28, 2013

CMI INTOXILYZER 5000 MAINTENANCE REPORT

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN 66 003441	NAME OF AGENCY Grain Valley Police Department	DATE OF INSPECTION 05/25/2013
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LOCATION OF INSTRUMENT (STREET AND CITY) 711 N. Main St. Grain Valley	TIME OF INSPECTION 2:51 am
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CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DVM TEST: (.350 \pm .150) 0.309

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 05/25/13 02:53

☒ CHARACTER DISPLAY TEST

☒ PRINT TEST (PRINTOUT ATTACHED)

☒ SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc. LOT # 12040 EXP. DATE 03/07/2014

☒ SIMULATOR TEMPERATURE (34°C \pm 0.2°C) 34.0° SIMULATOR SN SD 1434 EXP. DATE 04/11/2014

☒ CALIBRATION CHECK -- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.098	TEST 2 0.098	TEST 3 0.100
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	g	0-.04	1	.05-.09	1	.10-.14	3	.15-.19	2	Over .19	2
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

Meets all Department of Health and Senior Services specifications.

When used in a calibrated simulator operating at 34°C \pm .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100g/210L \pm 3%.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME S. Tracy
TYPE II PERMIT NUMBER/EXPIRATION DATE 220305/09-25-2014	TELEPHONE NUMBER (816) 847-6250

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

711 N. MAIN STREET
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-003441
05/25/2013

TEST	%BAC	TIME
AIR BLANK	.000	02:57
CAL. CHECK	.098	02:58
AIR BLANK	.000	02:58
CAL. CHECK	.098	02:59
AIR BLANK	.000	02:59
CAL. CHECK	.100	02:59
AIR BLANK	.000	03:00

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR
ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

SN 66-003441
E735.23
INVALID TEST
INHIBITED - RFI

05/25/2013
03:01

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR
ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

211 N. MAIN STREET
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-003441
05/25/2013

DIMNOSTIC TEST 02:53

PROM CHECK E735.23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK PASSED
SYNC PULSE PASSED
SYNC SPEED PASSED
MAG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED

DIMNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR
ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP/THIS EDGE IN
GUTH LABORATORIES, INC. 800-233-2338

SN 66-003441 05/25/2013
E735.23 02:55

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



STEVEN K TRACY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/25/2012

Number 220305

Expires 09/25/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)